Annual Report 2004/2005

Defining our Future

Assiniboine Regional Health Authority
Strategic Plan 2004-2009

Vision

Assiniboine Regional Health Authority: together, an innovative future-oriented organization providing evidence-based, sustainable, quality health services.

Mission

Through participation, teamwork, and available resources, our mission is to share in enhanced well-being through the delivery of quality health services that are responsive to the needs of the population

Values: **Focusing on People, Collaborating and Working as Teams, Acting with Integrity, Communication to Share Information and Receive Feedback**

Strategic Directions

ARHA will identify select health needs association with population groups as priority for service delivery strategy development.

ARHA's current and future service delivery will balance quality, accessibiliby and affordability considerations

ARHA will focus on healthy living and well-being of our communities and staff.

Strategic Enablers: **Relationships & Partnerships, Communication & Education, Technology, Performance Accountability**

Service Pillars

Public Health Services
Mental Health Services
Home Care Services
Emergency Services
Acute Services
Personal Care Homes
Support Services

ASSINIBOINE
REGIONAL
HEALTH
AUTHORITY

ASSINIBOINE REGIONAL HEALTH AUTHORITY

Board Governance

The Assiniboine Regional Health Authority Board of Directors operates under a policy governance framework. The Board has authority and accountability for the organization's performance and actions, providing vision, direction and leadership as well as assuring fiscal responsibility on behalf of the public at large.

Specific roles and responsibilities of the Board of Directors include:

- Envisioning the organization's future on behalf of the public.
- Assuring organizational performance.
- Being informed and keeping up to date with regional information.

The Board does its work by providing direction and instruction to the Chief Executive Officer (CEO) and to itself by the way of written policy. Policies include:

- Strategic Priorities (Ends)
- Executive Limitations
- Board-CEO Linkage
- Governance Process

Board committees include the finance/audit committee and the executive committee.

Monitoring mechanisms include:

- Annual Review of all Board Policies
- Annual Review of all By-laws
- Executive Limitation Monitoring Reports
- Annual CEO Performance Review
- Annual Comprehensive Board Self-Evaluation
- Post Meeting Board Evaluations (Reported Quarterly)
- Strategic Plan Indicator Reports
- Performance Deliverable Monitoring Reports
- Monthly Financial Statements

Board Meetings are held on the 3rd Wednesday of each month and alternate between the Souris Corporate Office and the Shoal Lake Regional Office. Meetings are open to the public and Board Highlights are distributed to all municipal corporations and media.

Board of Directors

Back Row – Left to Right – Terry Drebit, Charles Lowes, Garry Bell, Donald Cataford
Middle Row – Left to Right – Bill Bryant, Betty Christie, Stafford Shewchuk
Front Row – Left to Right – Judy Danard, Pat Phillips, Diana Heneghan
Missing from Photo – Glen Langton, Sophie Smith, Larry Rainnie, Bill Busby

Letter of Transmittal and Accountability

It is my honour, on behalf of the Board of Directors for the Assiniboine Regional Health Authority, to submit the Region's annual report for the fiscal period ending March 31, 2005.

I would like to take this opportunity to acknowledge the work of my colleagues on the Board of Directors, the committed staff that we are so fortunate to work with, and the stakeholder communities who continue to offer their support and patience as the region continues to evolve. I would also like to take this opportunity to thank Betty Christie, Glen Langton, Larry Rainnie and Sophie Smith who completed their Board terms on March 31, 2005. Their many contributions to the region are appreciated.

The annual report was prepared under the Board's direction, in accordance with The Regional Health Authorities Act and directions provided by the Minister of Health. All material, economic and fiscal implications known as of March 31, 2005 have been considered in preparing the annual report.

Respectfully Submitted on Behalf of the Assiniboine Regional Health Authority

Bill Bryant

Mr. William Bryant
Chairman of the Board

William Bryant
Chairman of the Board

106-00993/

Executive Management Committee

Back Row – Left to Right – Dave Maharajh, VP Medical Services; Deb Clevett, VP Community Health and Long Term Care Services; Penny Sorensen, CEO; Ted Bartlett, Executive Director of Support Services

Front Row – Left to Right – Kerry Takvam, Chief Financial Officer; Lara Bossert, Chief Human Resources/Communications Officer; Michelle Clark, Communications/Physician Recruitment Coordinator; Garlen Maxwell, Regional Manager of Acute and PCH Services.

Missing from Photo: Pat Cockburn, VP Planning & Acute/PCH Services

Dear Mr. Bryant,

It is my pleasure to present you with the 2004/2005 Annual Report for the Assiniboine Regional Health Authority. This fiscal year has been one of progress and challenges as the Assiniboine Region moves forward. I would like to commend the efforts of the executive; management team; finance and administration; front line and support staff; physicians; volunteers; and all of our community partners throughout our vast region for their hard work and dedication that is impossible to reflect in its entirety on these pages.

I would also like to thank the Board of Directors on behalf of all of the staff and stakeholders for their ongoing leadership and commitment to the region. I would further like to congratulate the Board on the development of the Vision, Mission and Values Statements. The Board has also established key Strategic Priorities that will continue to inform decision making for the region into the future, providing clear direction and achievable goals.

The region continued to operate in a fiscal shortfall position in 2004/2005. Sound fiscal management continues to be necessary to mitigate a certain amount of financial exposure. The region continues to work with the Provincial Department of Health on outstanding funding issues.

Respectfully submitted by,

Penny Sorensen
Chief Executive Officer

Penny Sorensen, Chief Executive Officer

District Health Advisory Council

In the spring of 2004, following the release of the "Rural Physician and Health Services Review" Report, District Health Advisory Councils provided an opportunity for community consultation. Throughout June 2004, District Health Advisory Council members were invited to participate in community stakeholder meetings, providing an opportunity to discuss information contained within the report and other issues, going beyond the scope of the report that continued to challenge health service delivery in Assiniboine.

On November 5, 2004, a joint session was held with the Assiniboine Board of Directors, Executive Management Committee, Provider Advisory Council and District Health Advisory Council members. The purpose of the session was to evaluate councils' roles within the organization and to look at opportunities for improvement. The session was extremely valuable, providing an excellent opportunity for brainstorming. Many attendees were interested in exploring how their role could result in more positive and meaningful contributions to the region.

ASSINIBOINE REGIONAL HEALTH AUTHORITY

As a result of the November session, three primary purposes for District Health Advisory Councils were identified. They included:

- Providing an avenue for seeking community members' advice and input on community health issues as well as establishing open lines of communication with communities and the Board.
- Providing a community perspective on local health needs and priorities.
- Exploring, discussing, and providing recommendations on issues presented by the Board of Directors.

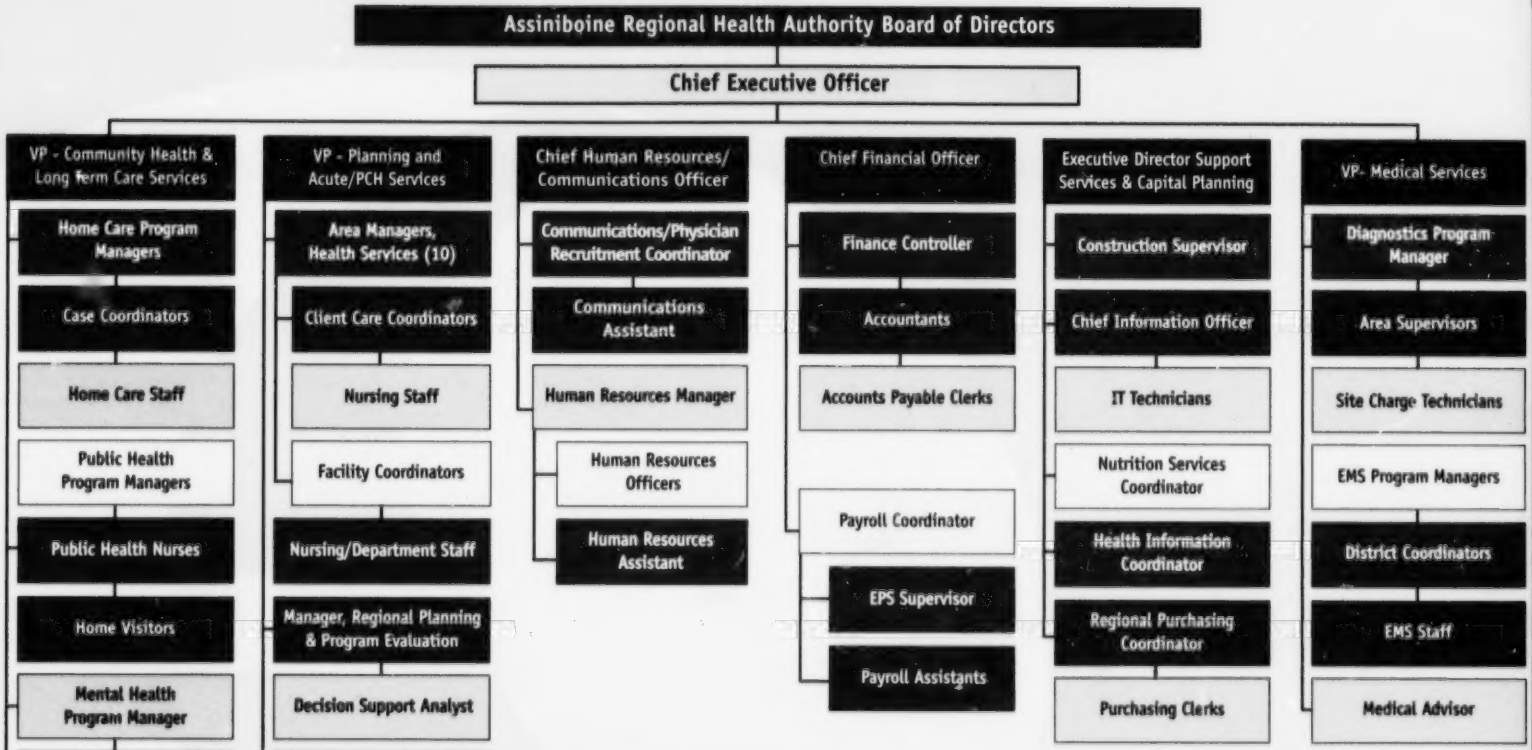
Did you know?

Total number of emergency medical service providers

Paramedic II	**28**
Paramedic I	**84**
Emergency Medical Responder (EMR)	**128**
Basic First Aid	**40**

ASSINIBOINE REGIONAL HEALTH AUTHORITY

Assiniboine Regional Health Authority



Provider Advisory Council

The Provider Advisory Council continued to play a valuable and integral role throughout the fiscal year, providing professional and paraprofessional expertise and input into decision making of the Assiniboine Regional Health Authority. The Provider Advisory Council is made up of a cross representation from a variety of programs and services as well as Health Centres.

Much of 2004/2005 was dedicated to discussion, development, and initiation of the Employee Satisfaction and Quality of Worklife Survey.

Medical Advisory Council

The Medical Advisory Council continued to provide valuable medical input into executive and board decisions throughout the 2004/2005 fiscal year. They were extremely valuable in providing direction and assistance in processes for the assessment of international medical graduates. They also continued to be critical in the privileges process for all medical staff in the region.

Canadian Council On Health Services Accreditation For The Assiniboine Regional Health Authority

The Assiniboine Regional Health Authority participated in the Canadian Council on Health Services Accreditation (CCHSA) process throughout the 2004/2005 fiscal year. Eleven teams completed the self assessment process throughout the year, followed by the survey visit. Five surveyors undertook the survey visit, due primarily to the large geographical area of the region as well as the large number of health centres. The visit occurred from February 27th – March 4th 2005. The Region received Accreditation with Report, requiring the submission of a report within 12 months, addressing 20 recommendations. Survey teams included Leadership and Partnership, Environment, Human Resources, Information Management, Acute Care, Cancer Care, Community Health Services, Home Care, Long Term Care, Maternal/Child, and Mental Health.

Profile of Assiniboine Regional Health Authority Staff

- Approximately 3,200 staff are employed by the ARHA.
- The average age of our staff is 43.3 years.
- 89% of our workforce is female.
- 92.9 % of our staff are unionized.
- 24% of our staff work permanent full time.
- 40% of our staff work permanent part time.
- We have 5 collective agreements.
- We posted approximately 1,500 job vacancies in 2004/2005.
- We had approximately 88 retirements in 2004/2005.
- 76 staff members are trained for Workplace Safety & Health.
- We have 27 Workplace Safety & Health Committees in Assiniboine.

ARHA Demographics

- As of June 1, 2004, there were 69,371 people living in the Assiniboine Region.
- The population of the Assiniboine Region has decreased by 3.71% since 1999.
- 19.2% of our residents are 65 years and over, the highest percentage of seniors of any Manitoba region.
- 18.7% of our residents are 15 years or younger.
- Agriculture is the main industry in the Assiniboine Region, with difficult economic times affecting everyone in our rural communities.
- Almost 60% of Assiniboine residents report that their health is either very good or excellent.

Compared to residents of Manitoba, our residents are:

- More likely to be married
- Less likely to be unemployed
- Less likely to have a high school diploma
- More likely to have a lower household income
- Less likely to be a daily smoker
- As likely to have a healthy body weight
- Less likely to be physically active

Other unique features in the health of Assiniboine residents include:

- One of the lowest rates of teen pregnancy in Manitoba.
- Our children have among the highest immunization rates.
- Our residents have lower rates of asthma.
- Our residents have higher rates of injury and cancer.

The Community Health Assessment contains more additional information about the health of residents in the Assiniboine Region is available online at www.assiniboine-rha.ca or by calling 1-888-682-2253.

ASSINIBOINE REGIONAL HEALTH AUTHORITY

ASSINIBOINE REGIONAL HEALTH AUTHORITY

STRATEGIC PRIORITY #1

The Assiniboine Regional Health Authority will identify select health needs associated with population groups as a priority for service delivery strategy development.

Manitoba Health Performance Deliverable:

Aboriginal Health
Mental Health
Injury Prevention
Diabetes
Breastfeeding

Development and implementation of an Aboriginal Specific Health Strategy

- Broad components of the strategy will include promotion of cultural competency, support for capacity building, skill sharing, partnerships, joint initiatives, integration with existing programs, and establishment of a representative Aboriginal workforce strategy.
- We will continue to meet with First Nation communities, Métis population, Tribal Council representatives, Southern Chiefs Organization, etc. regarding the strategy.

Continued implementation of the Regional Diabetes Program including Risk Factor and Complications Assessment (RFCA)

- A total of seven trained staff members in RFCA, enabling train the trainer sessions to occur in Baldur, Erickson, and Rossburn.
- Eight First Nations people trained from four communities, enabling support for the Diabetes Health Check Program on Waywayseecappo and Canupawakpa.
- Diabetes teaching binders developed, printed, and distributed across the region, including First Nations and Métis nurses.
- Diabetes care plans for adults and children developed, printed, and distributed across the region.
- Development of a Diabetes Health Check Passport in which clients can record blood sugar results.
- Diabetes care recommendations presented to all physicians throughout the region in the form of round table discussions.
- Further development and implementation of activities for the Bi-Regional Chronic Disease initiative committee (Brandon and Assiniboine RHAs) continues to meet with focus on Cardiovascular Disease, Diabetes, Respiratory Disease, Renal Disease, and Cancer.
- Continued work with the multisectoral Health Promotion Advisory Committee to develop an implementation plan for the Chronic Disease Prevention Initiative.
- The Bi-Regional Community Respiratory Program provides quality equipment and supplies for individuals on home oxygen and provides comprehensive community based professional and support programs/services for treatment and prevention of chronic respiratory diseases.
- A total of 145 new clients and 291 follow-up clients attended Community Respiratory Clinics across the Region.

Development and implementation of service initiatives targeting increased physical activity, healthy eating, and tobacco reduction (priorities identified by the multi-sectoral Health Promotion Steering Committee).

- Smoke Free Facilities policy direction established.
- Board of Directors sent letter to Minister of Health supporting province wide smoking ban.

Implementation of a Regional Injury Prevention Strategy

- Home Health and Safety Check program was led by Emergency Medical Services staff and planned in partnership with community stakeholders and health care providers in the community of Erickson. The Program targeted the 60 years of age plus population and provided valuable home safety information. Of the 263 contacts, 66 consented to have a safety check conducted and information packages were sent to another 35 participants who were unable to have the home safety check.
- 335 students / teachers in 25 schools attended Suicide Prevention and Intervention Network (SPIN) education sessions as well as an additional 55 people attending workshops.
- Applied Suicide Intervention Skills Training (ASIST) sessions were held in Birtle, Neepawa, Waywayseecappo, Glenboro, Sioux Valley, and Melita - 151 people trained.
- Ongoing car seat safety initiatives including education to parent groups and inspections done by Certified Car Seat Safety Technicians.
- Farm Safety initiatives including ABC on the Farm targeted at grades 2 and 5, Progressive Farm Safety Day Camps targeted at grades 5 and 6, and Farm Safety Educational Sessions targeted at farm families.

What are Performance Deliverables?

Performance Deliverables were a tool developed in 2004/2005 by the Provincial Government and the Regional Health Authorities. The purpose of performance deliverables are to demonstrate accountability in addressing population health status, service delivery, and administrative priorities identified at a provincial and/or regional level.

Current performance deliverables include:

- Primary Health Care
- Mental Health Consumer Participation
- Reduction in Sexually Transmitted Diseases
- Best Practices in Immunization
- Regional Diabetes Program
- Restraint Policy in Personal Care Homes
- Regional Injury Prevention Plan
- Aboriginal Health Strategy
- Accreditation
- Regional Disaster Management Program
- Annual Board Self Assessment

ASSINIBOINE REGIONAL HEALTH AUTHORITY

Implementation of the Community Cancer Program in Deloraine

- Manitoba Health announced approval to proceed with the development of a Community Cancer Program in Deloraine. Planning is underway for required renovations, staff training, etc.

Implementation of a Regional Breastfeeding Framework

- Framework submitted to Manitoba Health in February 2005, outlining a coordinated approach to breastfeeding promotion that addresses initiation, duration, and exclusivity rates.

The development of strategies to reduce the burden of mental illness for women through mental health promotion/illness prevention initiatives, increased consumer participation, and improved service for co-occurring disorders.

- The Community Mental Health program has undertaken annual customer satisfaction surveys across all programs. In the 2004/05 year, 98% of adult clients replied that "they like the services they received within the program".
- The region's report to Manitoba Health on consumer participation activities was positively received with regards to accomplishing services which ensure consumer involvement in development, implementation, and evaluation of services.
- Development of a Co-Occurring Disorders Leadership Team.
- Hosted sessions on Attention Deficit Hyperactivity Disorder in Neepawa and Virden with 345 people attending.

Did you know?

There were 56,587 visits to Assiniboine's Emergency Departments in 2004/2005.

Using a standard Canadian Emergency & Triage Acuity Scale patients were assessed to determine the level of care required.

RESUSCITATION	**.001%**	- Conditions that are an immediate threat to life or limb requiring immediate treatment. eg. Cardiac arrest, choking child.
EMERGENT	**2%**	- Conditions that are a possible threat to life or limb requiring rapid medical treatment. eg. Heart attack, stroke.
URGENT	**10%**	- Conditions that may become a serious problem requiring emergency treatment. eg. broken arm, pneumonia.
LESS URGENT	**25%**	- Conditions that would benefit from medical assistance or advice within one hour if possible. eg. earache, back pain
NON URGENT	**22%**	- Conditions that could be referred to another area of the health system ie. medical clinic. eg. sore throat, minor scrapes.
SCHEDULED	**36%**	- Arranged in advance. eg. cast changes, dressing changes.
OBSERVATION	**5%**	- Patient may be held on an outpatient basis to be observed but not admitted.

ASSINIBOINE REGIONAL HEALTH AUTHORITY

STRATEGIC PRIORITY #2

The Assiniboine Regional Health Authority's current and future service delivery will focus on patient safety and balance quality, accessibility, and affordability considerations.

Manitoba Health Performance Deliverable:

Primary Health Care
Mental Health
Injury Prevention
Accreditation

Development and implementation of a comprehensive Human Resource Plan.

- Regional plan currently under development which will focus on recruitment, retention, training/education, succession planning, scope of practice, and on-call requirements.

Improve the integration of best practices and evidence based decision making into service planning with client safety as a key focus.

- In response to the release of the Physician and Health Services Review, sixteen community and staff stakeholder meetings were held throughout the region to inform the development of a regional action plan addressing long term planning for health service delivery in Assiniboine.
- Regional Accreditation process was undertaken in the 2004/2005 fiscal year.

Establish / implement a regional Primary Health Care Framework / Strategy that includes consideration for new complementary service providers / models.

- Diabetes Health Check and ongoing diabetes education.
- Home, Health and Safety Check.
- Applied Suicide Intervention Skills Training.
- Community Volunteer Taxation Program.
- A partnership program that links volunteers with families and individuals, assisting them with income tax preparation and filing. Sites included Neepawa, Minnedosa, Rivers, Virden, and Souris.
- Connections, Communities, and Creating Better Health training was provided for eleven staff members.
- Supported training for five regional staff to become Certified Asthma Educators.
- Co-hosted a training session on Harm Reduction resulting in 35 trained staff.
- Developed a regional summary teaching tool utilized for enhancing primary health care.

Partner with Brandon RHA to improve service referral patterns and access for providers and clients to specialty services.

- Service access algorithm developed in the fall of 2004. Initial feedback has indicated improvement in timely access to specialty services.

Develop/implement a regional long term care strategy that aligns with the provincial strategy to modernize the long term care continuum.

- The Neepawa Community Committee was established to develop a proposal for a Supportive Housing Project for submission to Manitoba Health.

Bill Macksymchuk receives chemo treatment from nurse Glennis Black

STRATEGIC PRIORITY #3

The Assiniboine Regional Health Authority will focus on healthy living and well being for our communities and staff

Manitoba Health Performance Deliverable:

Injury Prevention
Sexually Transmitted Disease
Immunization

ASSINIBOINE REGIONAL HEALTH AUTHORITY

The Assiniboine RHA will implement externally and internally focused strategies aimed at increasing healthy eating, physical activity, and tobacco reduction as the priority areas identified by the multisectoral Health Promotion Steering Committee.

- Began development of the Regional Healthy Eating Policy.
- Supported schools in the development of healthy food choices policies.
- Promoted Nutrition Month activities (cooking classes, grocery store tours and Kids in the Kitchen cooking classes geared to children).
- Presented at the Healthy Kids, Healthy Futures All-Party Task Force hearings.
- Advocated in support of Bicycle Helmet legislation.
- Provided support to schools to plan wellness days around healthy activity, eating and smoking reduction.
- Provided monthly news articles on healthy living for various media/communication venues (CKX-TV, newspapers, Access TV and local radio stations).
- Assisted Westman Healthy Lifestyles Coalition in the planning and promotion of the 2005 TV Turn-Off Challenge.
- Lobbied regionally for support of the provincial Bill regarding smoke free legislation.

The Assiniboine RHA will undertake a regional quality of worklife survey and work with providers to address recommendations coming forward.

- Quality of Worklife Survey completed February 2005 - 25% response rate. Summary of results communicated to all staff members through staff newsletter as well as to the Board of Directors.

The Assiniboine RHA will continue efforts aimed at increasing Respectful Workplace awareness on a regional basis.

- Respectful Workplace Training Program developed for presentation at all worksites beginning in January 2005. At the conclusion of the presentations, 43 sessions had been offered with 571 staff members attending. Future educational sessions to be developed including Leadership and Bullying in the Workplace.

The Assiniboine RHA will continue to support and improve awareness of the regional Employee Assistance Program (EAP).

- Promotion of the Employee Assistance Program continues through monthly staff newsletter, posters, pamphlets, For Your Information Bulletin, etc. EAP utilization rates from January 2004 – December 2004 increased from 4.3% to 5.2%.

The Assiniboine RHA will continue to support the implementation of immunization best practices.

- 64 Community Flu Clinics were held in 46 communities. 38 Immunization Nurses, 18 Public Health Nurses, and 11 volunteers participated in the annual influenza campaign.

2004 Influenza Immunization Statistics

Health Care Worker Immunizations	1, 307
Regional employees immunizations	1,197
High Risk immunizations	9,226
Household contacts/volunteers	2,013
Pneumococcal immunizations	494

- Hired four Immunization Clerks to ensure that flu and pneumococcal immunizations surveillance data was collected and forwarded in a timely manner. Draft protocols for cold chain, informed consent, and reporting of vaccine associated adverse events are moving through the regional approval process. Regional childhood immunization rates have been consistently over 80% and are higher than the Manitoba average.

The Assiniboine RHA will enhance regional screening capacity in prioritized areas (i.e. Diabetes RFC, Prostrate Screening, Breast Cancer Screening, Cervical Cancer Screening, etc.)

- Proposal for Cervical Cancer Screening submitted to Manitoba Health.
- The Mobile Breast Screening Unit visited Boissevain, Deloraine, Melita, and Killarney and screened 561 women. Reports indicated that 57% of Assiniboine women 50-69 years of age had a mammogram in the last two years – a 2% decrease. It is believed that the decrease is due to a population increase in the target age group.

ASSINIBOINE REGIONAL HEALTH AUTHORITY

Community Health Assessment

The Assiniboine Regional Health Authority completed the comprehensive Community Health Assessment in the fall of 2004. Community Health Assessment (CHA) is an ongoing process that helps to guide the Regional Health Authority as we plan for the health care needs of our communities.

For programs and services to be efficient and effective, priorities must be placed in the areas of greatest need. Community Health Assessment activities help us to determine those essential needs and provide the foundation for the Strategic Plan.

A Community Health Assessment Steering Committee was formed with Regional Health Authority staff and community partners to provide input into assessment priorities and strategies for consulting with communities. A part time Community Health Assessment Coordinator was hired for one year with one-time funding provided by Manitoba Health to assist with the CHA process.

Regional data on health status and health care use from a variety of sources were examined. The community consultation process was conducted in a variety of ways, including focus group workshops, listening sessions, key informant interviews, a telephone survey, and a mail-in questionnaire inserted in community newspapers.

Some of the key findings of the Community Health Assessment were:

- High rates for childhood immunization and breast screening, but low rates of cervical screening
- Low teen pregnancy rates
- High rates of injury
- Poor health status among Aboriginal residents
- Opportunity to improve chronic disease management
- Opportunity to improve access to cardiac procedures

A Year In Review

April 2004

- The Minister of Health appoints new Assiniboine Regional Health Authority Board Members; Judy Danard, Diana Heneghan and Don Cataford.
- Rural Physician and Health Services Review of the Assiniboine Region was released by the Office of Rural and Northern Health.

May 2004

- The Minister of Health requests that the Assiniboine Region respond to the recommendations contained within the Office of Rural and Northern Health Report.
- Regional Disaster Plan inservices throughout the region completed.

June 2004

- Independently facilitated provider and community engagement meetings were held across the region to inform a response the Rural Physician and Health Services Review. Staff and community engagement meetings were held in seven communities.
- Regional Emergency Management System titled Health Emergency Incident Command System (HEICS) implemented.
- Neepawa Chemotherapy addition official sod turning took place on June 24, 2004.

July 2004

- Community engagement meetings were held with aboriginal communities in the Region.

August 2004

- The region releases the Community and Health Providers Engagement Report summarizing all information and common themes gathered through provider and community stakeholder meetings. Open public meetings were held in Souris and Shoal Lake.

September 2004

- Dr. Dave Maharajh joined the region as Vice President of Medical Services.
- Community Health Assessment completed and a report was submitted to Manitoba Health.
- Strategic Priorities established by the Board of Directors.

October 2004

- 64 flu clinics were held in 46 communities with 12,547 doses of influenza and 494 doses of pneumococcal vaccine given.
- Annual General Meeting held on October 20, 2004 in Elkhorn, Manitoba.

November 2004

- Assiniboine RHA received notification from Manitoba Health of approval to move forward with the establishment of a Community Cancer Program in Deloraine, Manitoba.

December 2004

- The Erickson District Health Foundation Inc. funded an addition to the Erickson Health Centre to create an activity area for the residents. The official opening was held on December 21, 2004.

January 2005

- The Assiniboine Region implements the new Provincial Health Record abstracting system at all acute care sites.
- The region hosts mock surveys to prepare for the accreditation survey in February/March.
- Minnedosa Health Centre hosts the official opening of their palliative care suite.

February 2005

- The region participates in their first accreditation survey from February 27 – March 4, 2005.
- A Multi-Sectoral Meeting on First Nation Health Human Resources was held on February 24th and 25th in Winnipeg. The meeting brought together inter-jurisdictional health, education, and Human Resources groups to explore the potential of improving Human Resources management and planning to be more representative of First Nations people.

Did you know?

In the 2004 / 2005 year, home care services were provided to 2,282 clients

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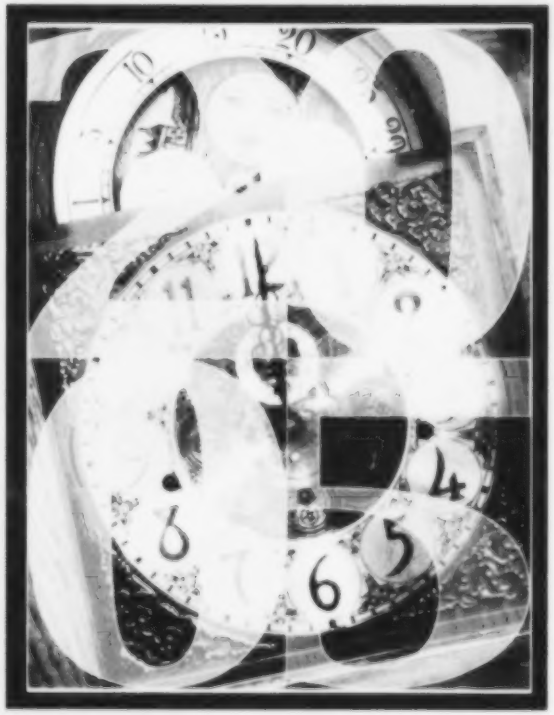
Assiniboine Regional Health Authority Quality Framework

ASSINIBOINE REGIONAL HEALTH AUTHORITY

September 2003

Manitoba's Minister of Health Dave Chomiak requested the Office of Rural & Northern Health to oversee the Rural Physician and Health Services Review - Assiniboine Region. The review was conducted as a result of ongoing concerns regarding the sustainability and stability of health service delivery in the Assiniboine Region. Frequent temporary suspensions in acute care and emergency departments across many of Assiniboine's twenty health centres resulted in this investigation of necessary change to service delivery.



April 2004

Rural P..ysician and Health Services Review Report was released by the Office of Rural and Northern Health. The Minister of Health commissioned the report to explore the ongoing concerns around attracting and retaining physicians and other health professionals in the Assiniboine Region.

May 2004

The Minister of Health requested that the Assiniboine Region respond to the recommendations contained within the Office of Rural and Northern Health Report.

The Region developed a steering committee establishing guiding principles and begins the process of reviewing relevant literature and best practice evidence.

June 2004

Independently facilitated provider and community engagement meetings were held across the region. Participants were provided with the opportunity to discuss information contained within the Office of Rural and Northern Health Report. The sessions also provided an opportunity to discuss other ongoing issues challenging healthcare delivery in the region. The meetings were held in neutral locations.

Number of Provider Stakeholder Meetings	*7*
Number of Community Stakeholder Meetings	*7*
Number of First Nations Stakeholder Meetings	*2*

August 2004

The Assiniboine Regional Health Authority released the Community and Health Providers Engagement Report summarizing all information and common themes gathered through provider and community stakeholder meetings.

Open public meetings held in Souris and Shoal Lake to share information learned throughout the stakeholder meetings and provide a copy of the engagement report.

September 2004

A highlights document of the engagement report was prepared as an insert into the Assiniboine Regional Health Authority public newsletter. The newsletter was distributed to over 25,000 households.

Winter 2005

The Quality Framework was developed in consultation with Manitoba Health. The framework included the evaluation of quality, accessibility and affordability criteria for all acute care sites and emergency departments in the region.

Spring 2005

Further communication through 8 multi-community meetings, 25 general staff meetings, and various licensing bodies to validate information gathered as part of the framework.

May 2005

Report submitted to Manitoba Health.

July 2005

Report release by Manitoba Health.

Did you know?

453 preschoolers were screened developmentally through the Preschool developmental program or Preschool Wellness days.

92 speech language referrals were made from this group.

Consolidated Statement of Financial Position

	2005	2004
Assets		
Current Assets		
Cash	10,144,740	8,133,825
Marketable securities	3,356,874	3,201,843
Accounts receivable	1,450,990	1,287,001
Manitoba Health receivable		
- vacation entitlement	6,484,052	6,484,052
Inventories	1,172,405	1,325,251
Prepaid expenses	353,728	298,080
	22,962,789	20,730,052
Manitoba Health receivable		
- pre-retirement obligation	7,336,760	8,669,925
Capital assets	75,583,814	76,220,429
Trust assets	90,427	89,886
	105,973,790	105,710,292
Liabilities and Net Assets		
Current Liabilities		
Lines of credit	2,806,011	1,241,250
Accounts payable and accrued liabilities	7,900,155	6,238,156
Due to Manitoba Health	1,706,800	1,505,139
Current portion of long-term debt	624,889	617,516
Accrued vacation entitlement	6,665,568	6,484,052
	19,703,423	16,086,013
Long-term debt	10,154,329	10,774,124
Capital lease obligations	-	11,486
Accrued pre-retirement obligations	7,377,900	8,669,925
Deferred contributions	65,725,989	66,947,795
Trust liabilities	90,427	89,886
	103,052,068	102,579,229
Commitments and contingencies		
Net Assets		
Invested in capital assets	3,357,028	3,569,203
Internally restricted	79,062	60,729
Unrestricted	(514,368)	(498,869)
	2,921,722	3,131,063
	105,973,790	105,710,292

Consolidated Statement of Operations

	2005	2004
Revenues		
Manitoba Health operating income	108,058,135	100,254,602
Authorized/residential charges	11,645,559	11,704,727
Amortization of deferred contributions	4,254,863	4,030,958
Other income	2,963,829	3,017,548
Ancillary	1,291,449	1,298,735
Province of Manitoba	1,443,093	1,332,189
	129,656,928	121,638,759
Expenses		
Acute care	39,805,519	38,067,038
Long-term care	44,598,226	41,592,307
Community-based home care services	10,346,435	9,618,233
Medical remuneration	10,243,553	9,944,685
Community-based health services	4,932,128	4,247,241
Land ambulance	4,245,366	3,638,322
Community-based mental health services	1,756,517	1,408,012
Community-based therapy services	845,556	741,497
Community-based services administration	549,808	493,983
	117,323,108	109,751,318
Other Undistributed Costs		
Regional health authority costs	5,620,470	5,481,244
Amortization of capital assets	4,473,873	4,327,157
Interest on long-term debt	428,969	466,597
Ancillary	1,237,202	1,220,785
Pre-retirement	717,643	507,130
Transition, job action costs and other	45,760	434,233
	12,523,917	12,437,146
Total expenses and other undistributed costs	129,847,025	122,188,464
Deficiency of revenues over expenses	(190,097)	(549,705)

Capital Planning

The following is a list of the 2004 – 2005 capital projects:

Community	Project	Cost	Status
Neepawa	Drainage Improvement	18,634.05	Completed
Boissevain	Clinic Renovations*	614,837.00	Completed
Treherne	Interior Wall Re-construction	271,250.00	Completed
Treherne	Exterior Wall Repair	24,571.00	Completed
Virden	Replace Dry Sprinkler System	141,183.21	Completed
Deloraine	Roof Repair	195,244.28	Completed
Deloraine (Bren-Del-Win)	Roof Repair	56,153.24	Completed
Neepawa	Nurse Call Upgrade	16,519.75	Completed
Virden	Replace Air Conditioning	6,934.98	Completed
Hartney	Crawl Space Remediation	39,640.85	Completed
Rivers	Kitchen Counter Top and Flooring	7,477.21	Completed
Sandy Lake	Replace Windows	25,910.19	Completed
Russell	Boiler Repair	20,556.10	Completed
Boissevain	Hot Water Boiler	42,000.00	In progress
Deloraine	Replace Air Conditioning	292,819.35	In progress
Hamiota	Replace Flooring	166,000.00	In progress
Neepawa	Replace Oxygen Concentrator	53,000.00	In progress
Russell	Concrete Platform Repair	74,956.59	In progress
Virden	Wanderguard System Upgrade	21,638.00	In progress
Russell	Hemodialysis Renovation	1,121,219.00	In progress
Neepawa	Chemotherapy Addition	1,380,408.00	In progress
Neepawa	Personal Care Home Project	18,554,254.00	In progress
TOTAL		23,145,206.80	

* Jointly funded by Manitoba Health, the Assiniboine Regional Health Authority, the Town of Boissevain, the R. M. of Morton, and the R. M. of Whitewater.

In addition to the above Major Capital Projects and Life Safety Projects, an additional fifty Minor Construction Projects totaling $543,903.35 were approved and funded by the Assiniboine Regional Health Authority from Reserves, Restricted Equity, and Restricted Donations. As well, $2,147,660.65 was expended on capital equipment and furniture needs in 2004 – 2005.

A complete set of financial statements, auditor's report and the statement of public sector compensation disclosure are available by contacting the Assiniboine RHA corporate office at (204) 483-5000 or 1-888-682-2253

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